

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**OCD-HOBBS**  
FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

5. Lease Serial No.  
\*NMLC068281B ✓

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
CONOCOPHILLIPS ✓ Contact: ASHLEY BERGEN  
E-Mail: ashley.bergen@conocophillips.com

3a. Address  
P.O. BOX 51810  
MIDLAND, TX 79710

3b. Phone No. (include area code)  
Ph: 432-688-6938

8. Well Name and No.  
BUCK 20 FEDERAL 6H ✓

9. API Well No.  
30-025-40902 ✓

10. Field and Pool, or Exploratory  
JENNINGS

11. County or Parish, and State  
LEA COUNTY, NM

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 20 T26S R32E Mer NMP NENW 55FNL 2659FEL ✓

**HOBBS OCD**  
**FEB 06 2017**  
**RECEIVED**

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Production Start-up
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

The well above came back online 7/1/16.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #357286 verified by the BLM Well Information System  
For CONOCOPHILLIPS, sent to the Hobbs  
Committed to AFMSS for processing by DEBORAH MCKINNEY on 11/08/2016 ( )**

Name (Printed/Typed) ASHLEY BERGEN Title REGULATORY SPECIALIST

Signature (Electronic Submission) Date 11/08/2016

**ACCEPTED FOR RECORD**

JAN 30 2017

*[Signature]*

**BUREAU OF LAND MANAGEMENT**  
**CARLSBAD FIELD OFFICE**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office \_\_\_\_\_

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

*[Handwritten Signature]*